## HDR Quest

October 16, 2008



Mr. William Shane Surface Water Permits Branch Division of Water Frankfort Office Park 14 Reilly Road Frankfort, KY 40601

Subject:

Requested Information for KPDES Permit Application

KPDES No.: KY0026611

Otis B. Chaney Wastewater Treatment Plant (Pitman Creek)

Somerset, Kentucky

Dear Mr. Shane:

This letter transmits the additional information requested for the KPDES permit application in your letter to Mayor Eddie Girdler dated September 18, 2008. Since receipt of the letter, the City of Somerset has sampled and analyzed their plant effluent for the parameters requested. The data has been added to the KPDES permit application page 8 that is attached.

If you have any questions or need any further information, please contact me or the City of Somerset.

Sincerely

Thomas R. Schaffer, P.E.

Water/Wastewater Section Manager

Attachments

Cc:

Charles Dick, City of Somerset Gary Epperson, City of Somerset

c If the answer to	B.5.b is "Yes,"	briefly describe.	including new ma	eximum delly inflo	w rate (if applic	able).		
d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps (isted below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, applicable. Indicate dates as accurately as possible.								
		Schedu	ile	Actual Completi	on			
Implementation	Stage	MM / DD / Y	YYY _MM	/DD/YYYY				
- Begin construction		08/01/2008//						
- End construction		02/01/2010//						
- Begin dischar		02/01/201						
			06/01/2010//					
e. Have appropriate	e permits/cleara	inces concerning	g other Federal/S	tate requirements	been obtained	?Yes _	No (in process	
Describe briefly:	Construction	permit applicatio	n will be submitte	ed to KDOW in ne	ext couple week	8.		
<b>0</b>	,	····						
B.6. EFFLUENT TESTING	DATA (GREAT	TER THAN 0.1 I	MGD ONLY).					
						naters Provide the i		
						ot include information		
sewer overflows in th								
methods. In addition								
standard methods for					uent testing dat	a must be based on a	at least three	
pollutant scans and n	nust be no more	e than four and o	one-half years old	1.				
Outfall Number:	001							
POLLUTANT		1						
	Conc.	CHARGE Units	Conc.	Units	Number of	ANALYTICAL	ML/MDL	
3 P			1 1 2		Samples	METHOD	line, moe	
ONVENTIONAL AND NON	CONVENTION	IAL COMPOUN	DS.			<u> </u>		
MMONIA (as N)	7.47	mg/l	2.74	mg/l	36	EPA 350.1	0.1	
· · · · · · · · · · · · · · · · · · ·		, right	12.17	mgn	30	EFA 550.1	0.1	
HLORINE (TOTAL ESIDUAL, TRC)	0.001	mg/	0	mg/l	36	SM 4500-CLG	0.001	
ISSOLVED OXYGEN	8.2 (min)	mg/l	9.3	mg/l	36	SM 4500-06	0,1	
OTAL KJELDAHL ITROGEN (TKN)	3,42	mg/L	2.73	mg/L	3	EPA 351.2	1	
TRATE PLUS NITRITE	13.3	mg/L	13.0	made	3	EPA 300,0	0.100	
TROGEN L and GREASE	2	mg/l	2	mg/L	3		-	
OSPHORUS (Total)	5.85	mg/l	4.44	mg/l	36	EPA 365	0.0094	
TAL DISSOLVED		-	-	J///g//	100	EFA 303	0.0094	
OLIDS (TDS)	492	mg/L	452	mali	3	5m 2540 C	1	
THER	37/2	+ 1 -	<del> </del>	1010	-		1.00	
	<u> </u>	<u> </u>			1	X		
			END OF P	ADT D	₽			
SEEED TO THE AL		0N 0V	END OF P	ARID.				
REFER TO THE A	PPLICATI	ON OVER	VIEW TO D	ETERMINE	WHICH (	OTHER PART	S OF FORM	
		AY	DU MUST (	COMPLETE				
						****		

DEP 7032A

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